



**CITY OF NEWTON FIRE DEPARTMENT**

**Fire Prevention Bureau**

Phone: (828) 695-4284 Fax: (828) 465-7453



**APPLICATION FOR FIRE PROTECTION PERMIT**

Type of Permit: ☐ Sprinkler / Standpipe ☐ Fire Alarm ☐ Fire Suppression System

☐ Storage Tank (s): Number of Tanks \_\_\_\_\_ ☐ Other \_\_\_\_\_

Type of Installation: ☐ New \_\_\_\_\_ Square Footage ☐ Renovation ☐ Removal  
(new only)

Tenant Name: \_\_\_\_\_

Street Address of Job Site: \_\_\_\_\_

Owner Name: \_\_\_\_\_ Telephone #: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

N.C. State License No.: \_\_\_\_\_ Class (es): \_\_\_\_\_ Plans Submitted: ☐ Yes ☐ No

Description of Work: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**All information must be completed before application will be processed.**

The undersigned makes applications for permits and inspection of work described and agrees to comply with all applicable state and local codes and laws regulating the work. All fees are in accordance to the Service and Permit fee schedule based on work description. Double fees will be charged when work is started prior to obtaining a permit.

**Contractor:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**FIRE DEPARTMENT USE ONLY:**

Date Received:

Reference #: \_\_\_\_\_

Account #: \_\_\_\_\_

Permit #: \_\_\_\_\_

Date Mailed Permit: \_\_\_\_\_

Plans ☐ Plan Review ☐